

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Approval of Family Caregiver Home

Pursuant to the provisions of WIC Section 319 I certify that I assessed

Name

Address

the ☐ maternal ☐ paternal ☐ NREFM _____ Relationship to child
of _____; and
Child's Name SS# DOB

the ☐ maternal ☐ paternal ☐ NREFM _____ Relationship to child
of _____; and
Child's Name SS# DOB

the ☐ maternal ☐ paternal ☐ NREFM _____ Relationship to child
of _____.
Child's Name SS# DOB

1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

Criminal Record and Child Abuse records have been checked for the caregiver(s), all adults living in the home or on the premises, and other non-exempt person(s) who have routine contact with the child.

- ☐ ALL ADULTS CLEARED
☐ NOT CLEARED

2. CAREGIVER QUALIFICATIONS

- ☐ The above named prospective caregiver has been assessed as able to care for and supervise the above named child(ren) and provide for the child's special needs; Caregiver Assessment completed and attached.
☐ CAREGIVER NOT QUALIFIED.

3. SAFETY OF THE HOME AND GROUNDS

- ☐ An on-site inspection of the home's building and grounds was conducted on _____ by _____
(Date)
and the home is clean, safe, sanitary and in good repair for the safety and well-being of the child(ren), meeting required licensing/approval standards set forth in MPP 31-445.3, Checklist of Health and Safety Standards completed and attached.
☐ HOME DOES NOT MEET APPROVAL STANDARDS.

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4. CHILD'S PERSONAL RIGHTS

☐ Information regarding the personal rights of foster children has been provided to the prospective caregiver who has agreed to provide a copy of that information to any child (or the child's authorized representative where applicable) placed in his or her home.

5. COMPLETION OF ORIENTATION/TRAINING

☐ The caregiver has received a summary of State approval regulations and completed the orientation provided by the county.

☐ I certify that the above named caregiver meets the standards for relative or non-relative extended family member home approval as of _____.
Date

☐ I certify that as of _____ the above named caregiver meets the standards for relative or non-relative extended family member home approval pending completion of the Plan of Correction.

☐ Plan of Correction completed on _____.
Date

☐ Plan of Correction not completed by agreed to due date.

☐ I certify that the above named caregiver DOES NOT meet the standards for relative or non-relative extended family member home approval as of _____.
Date

Assessment Approval Worker's Signature

Date

Supervisor's Signature

Date

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CRIMINAL BACKGROUND CHECKS

	CLETS	CWS/CMS Search	Live Scan Appointment Made for	LIVE SCAN	DOJ CACI	FBI Requested	FBI Received	Exemption Requested	Exemption Granted	Exemption Denied	DOJ RAP-Backs Requested
Caregiver:	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)
Other Adults											

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Checklist of Standards for Approval of Family Caregiver Home

Pursuant to Division 31 MPP 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

Section	STANDARD	YES	NO	DAP*	CAP
89317	APPLICANT QUALIFICATIONS				
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT				
89323	EMERGENCY PLAN				
89361	REPORTING REQUIREMENTS				
89370	CHILDREN'S RECORDS				
89372	PERSONAL RIGHTS				
89373	TELEPHONES				
89374	TRANSPORTATION				
89376	FOOD SERVICE				
89378	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION				
89379	ACTIVITIES				
89387	BUILDINGS AND GROUNDS				
89387.1	OUTDOOR ACTIVITY SPACE				
89387.2	STORAGE SPACE				
89388	COOPERATION & COMPLIANCE				

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

CAP: CORRECTIVE ACTION PLAN MADE